



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
WIC AND NUTRITION SERVICES  
**NUTRITION ASSESSMENT FOR INFANTS**

PARTICIPANT NAME AND DCN	DATE OF BIRTH	DATE COMPLETED
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Form completed by: ☐ Parent/Guardian    or WIC Staff: ☐ CPA    ☐ RD    ☐ Nutritionist    ☐ WIC Certifier

Please think about your baby's eating pattern and answer the following questions to the best of your ability.  
Place a check mark in the box ☒ and/or **write-in** your answer.

**CAREGIVER**

1. How would you describe your baby's appetite?    ☐ Good    ☐ Fair    ☐ Poor

2. Have you noticed any recent changes in your baby's appetite? ..... ☐ Yes    ☐ No  
If yes, list changes:

3. Has the doctor ever told you that your baby has any medical conditions or illnesses? **[341-362]** ..... ☐ Yes    ☐ No  
If yes, list:

4. When was the last time your baby went to the doctor?    Date: ..... ☐ Don't know

5. How would you describe feeding time with your baby? Check all that apply.  
☐ Always pleasant    ☐ Usually pleasant    ☐ Sometimes pleasant    ☐ Never pleasant

6. What types of things can your baby do? Check all that apply. **[428]**  
☐ Open mouth for breast or bottle    ☐ Drink liquids    ☐ Sit with support    ☐ Bring objects to mouth and bite them  
☐ Follow objects and sounds with eyes    ☐ Put hand in mouth    ☐ Drink from a cup that is held    ☐ Hold bottle without support

7. How many wet diapers does your baby have in 24 hours?    \_\_\_\_\_ wet/24 hours

8. How many dirty diapers does your baby have in 24 hours?    \_\_\_\_\_ dirty/24 hours

**PRIMARY FEEDING**

\*9. What type of milk do you feed your baby? Check all that apply. **[411.1]**  
☐ Breastmilk    ☐ Iron-fortified formula    ☐ Low-Iron formula    ☐ Cow's milk (fat free/skim; 1%, 2% or whole)  
☐ Rice milk or Soy milk Beverage    ☐ Powdered milk    ☐ Evaporated milk    ☐ Sweetened condensed milk  
☐ Goat's milk    ☐ Don't know    ☐ Other:

10. Are you currently breastfeeding your baby? ..... ☐ Yes    ☐ No

11. Did you ever breastfeed your baby? ..... ☐ Yes    ☐ No  
If yes, how long?

12. How do you know when your baby is hungry? Check all that apply. **[411.4]**  
☐ Cries    ☐ Small fussing sounds    ☐ Sucking on hands or lips    ☐ Turns head towards nipple or bottle    ☐ Other:

13. How do you know when your baby is full? check all that apply. **[411.4]**  
☐ Closes mouth    ☐ Turns head away from nipple or bottle    ☐ Pushes nipple out of mouth  
☐ Shows interest in other things in room    ☐ Other:

**BREASTFEEDING (Complete only if fully or partially breastfeeding)**

14. How is breastfeeding going? **[603]**  
☐ Good; I have the help I need.    ☐ OK; I have some questions.    ☐ Not so good; I need help.

15. How many times do you nurse, express or pump in 24 hours? **[411.7]**  
Nurse \_\_\_\_\_ times/24 hours    Express \_\_\_\_\_ times/24 hours    Pump \_\_\_\_\_ times/24 hours

16. Have you ever experienced sore nipples? **[603]** ..... ☐ Yes    ☐ No

17. Can you hear your baby swallowing during feedings? **[603]** ..... ☐ Yes    ☐ No

**HANDLING EXPRESSED OR PUMPED BREASTMILK**

18. How do you store expressed breastmilk?    ☐ Freezer    ☐ Refrigerator    ☐ Other: **[411.9]**

19. How long do you keep it in the refrigerator before you throw it away? \_\_\_\_\_ hours or days (Circle one) **[411.9]**

20. How long do you keep breastmilk after it's thawed? \_\_\_\_\_ hours or days (Circle one) **[411.9]**

21. What do you do with breastmilk left in the bottle? **[411.9]**  
☐ Leave it out to feed later    ☐ Put it back into refrigerator for later    ☐ Throw it away    ☐ Other:

**FORMULA (Complete only if baby is taking formula)**

22. What kind of formula is your baby taking?    Name: **[340]**  
☐ Powder    ☐ Liquid Concentrate    ☐ Ready to feed

23. How many ounces of formula does your baby take at a feeding? \_\_\_\_\_ ounces per feeding  
And, how many feedings per day? \_\_\_\_\_ feedings/24 hours

**HANDLING FORMULA** **[411.6] [411.9]**

24. How much water and formula do you mix per feeding? \_\_\_\_\_ ounces of water with \_\_\_\_\_ ounces or scoops of formula (Circle one)  
Are the scoops of formula level or heaping?    ☐ Heaping    ☐ Level  
How do you store formula after you mix it up?    ☐ Refrigerator    ☐ Other:

25. How long do you keep mixed formula in the refrigerator before you throw it away? \_\_\_\_\_ hours or days (Circle one) [411.9]
26. How long do you let a bottle of formula sit at room temperature? \_\_\_\_\_ hours [411.9]
27. What do you do with formula left in a bottle after a feeding? [411.9]  
☐ Leave it out to feed later    ☐ Put it back in refrigerator to feed later    ☐ Throw it away    ☐ Other:

#### WATER SUPPLY

28. What kind of water do you use for mixing formula or drinking for your baby? [411.9]  
☐ City or rural water system    ☐ Private well    ☐ Bottled water    ☐ Nursery Water  
 a. If private well, has it been tested for bacteria or nitrates? ..... ☐ Yes    ☐ No    ☐ Don't know  
 If yes, check results:    ☐ Safe    ☐ Unsafe    ☐ Don't know  
 b. Do you know if your water is fluoridated? ..... ☐ Yes    ☐ No    ☐ Don't know

#### SOLID FOODS & JUICES

29. Has your baby started on infant cereal, baby food or table food? [411.2] [411.3] [411.4] [428] ..... ☐ Yes    ☐ No  
 If yes, at what age did you start feeding these foods and what foods?  
 Are they mostly:    ☐ Mashed    ☐ Pureed or Baby foods    ☐ Chopped    ☐ Liquid    ☐ Finger foods    ☐ Other:  
 If yes, how do you feed these foods?    ☐ Spoon    ☐ Bottle/infant feeder    ☐ Baby feeds self
- \*30. Does your baby eat honey or any foods made with honey such as honey graham crackers, muffins, etc.? .... ☐ Yes    ☐ No [411.3] [411.5]
31. Does your baby drink 100% fruit juice? ..... ☐ Yes    ☐ No  
 If yes, how many ounces of full strength juices in a day? \_\_\_\_\_ ounces/day
32. How do you feed juice to your baby?    ☐ Bottle    ☐ Cup [411.2]
33. At what age did you begin feeding juice to your baby? \_\_\_\_\_ months [411.3]

- \*34. Does your baby eat foods such as: [411.5]  
 a. unpasteurized fruit or vegetable juices or dairy products ..... ☐ Yes    ☐ No  
 b. soft cheeses such as Feta, Brie, Camembert, blue-veined cheese, Mexican-style cheese ..... ☐ Yes    ☐ No  
 c. raw or undercooked meats, fish, chicken, turkey or eggs ..... ☐ Yes    ☐ No  
 d. raw vegetable sprouts (alfalfa, clover, bean, radish) ..... ☐ Yes    ☐ No  
 e. uncooked luncheon meats, deli meats, hot dogs ..... ☐ Yes    ☐ No
- \*35. Is your baby on a special diet? [411.8 341-362] ..... ☐ Yes    ☐ No  
 If yes, check or write-in what kind    ☐ Vegan    ☐ Macrobiotic    ☐ Other:

36. Does your baby routinely eat sweet foods like lollipops, candy, sweetened cereals, or desserts? [428] ..... ☐ Yes    ☐ No  
 Item(s) & Amount(s):

#### BABY BOTTLES & SIPPY CUPS

37. Does your baby drink anything other than breastmilk or formula in a baby bottle or sippy cup? [411.2 411.3] ..... ☐ Yes    ☐ No  
 If yes, check all that apply.    ☐ Milk    ☐ Juice (100%)    ☐ Water    ☐ Soft drinks/soda/pop  
    ☐ Gelatin water/Kool-Aid    ☐ Sweetened tea    ☐ Other:
- \*38. Do you dip your baby's pacifier in Karo/corn syrup or honey or add it to your baby's bottle? [411.2 411.3 411.5] .... ☐ Yes    ☐ No
- \*39. Does your baby take a bottle to bed at night or naptime? [411.2] ..... ☐ Yes    ☐ No
40. Do you hold your baby's bottle while feeding him/her? [411.2] ..... ☐ Yes    ☐ No
- \*41. Does your baby carry a bottle or sippy cup around? [411.2] ..... ☐ Yes    ☐ No

#### SUPPLEMENTS

42. Does your baby take any vitamins, minerals, herbs or herbal supplements? [411.10 411.11] ..... ☐ Yes    ☐ No  
 If yes, check all that apply.    ☐ Infant multivitamin    ☐ Vitamin D Supplement    ☐ Herbal supplements, remedies or teas  
    ☐ Iron supplement    ☐ Fluoride supplement    ☐ Other:

#### FOOD SECURITY AND PROGRAM PARTICIPATION

43. In the past month, did you or anyone in your household ever eat less than you felt you/they should or not eat for a whole day because there wasn't enough money for food? ..... ☐ Yes    ☐ No    ☐ Don't know or refused
44. In the past month, if you ran out of formula what did you do? List:
45. Does your baby or family participate in any of the following programs? ..... ☐ Yes    ☐ No  
 If yes, which ones?    ☐ Food Stamps    ☐ Family Nutrition Education Program (FNEP)    ☐ Commodity program  
    ☐ Food Pantry    ☐ Early Head Start    ☐ Parents as Teachers    ☐ Other:
46. Do you have adequate equipment for food storage and preparation such as a refrigerator, a stove that works, and storage free from pests and harmful chemicals? [411.9] ..... ☐ Yes    ☐ No

#### TO BE COMPLETED BY WIC OFFICE PERSONNEL ONLY

SIGNATURE (RISK ASSESSMENT)		SIGNATURE (NUTRITION COUNSELING)	
DATE	TITLE	DATE	TITLE